

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | SERIAL NO. | FILING DATE | | |
|--------------|------|------------------------|----------|------------------------|----------|--------------|--------------|-------------|--|--|
| | | | | | | | APPLICANT(S) | | | |
| CLAIMS | | | | | | | | | | |
| AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | | | | |
| IND. | DEP. | IND. | DEP. | IND. | DEP. | * | IND. | DEP. | | |
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| TOTAL IND. | 3 | | | | | TOTAL IND. | | | | |
| TOTAL DEP. | 39 | ↓ | ↓ | ↓ | ↓ | TOTAL DEP. | ↓ | ↓ | | |
| TOTAL CLAIMS | 42 | ████████ | ████████ | ████████ | ████████ | TOTAL CLAIMS | ████████ | ████████ | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS